

PPR and PPC Education Webinar

An Overview of Texas' Initiative to Improve Hospital Care

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Topics Covered in this Presentation

- Background
- Potentially Preventable Readmissions (PPRs)
 - Goals, Methodology and process
 - Changes
- Potentially Preventable Complications (PPCs)
 - Goals, Methodology and process
 - Changes
 - Present on Admission (POA) quality screen
- Reports
 - Distribution
 - Format
- Questions (depending on volume of questions, either addressed on webinar or handled via a Q&A document)

Background

- Purpose: Process required by S.B. 7, 82nd and 83rd Legislature. Part of a movement toward “Pay for Quality”
- Change in vendor from TMHP → EQRO
- Fee for Service Penalties
 - Up to 2.0% -- PPR
 - Up to 2.5% -- PPC
- Proposed Rule amendments to Texas Administrative Code
 - Update and refine the methodology
 - Financial disincentives for improperly coding POA
 - Timing of reports relative to payment adjustments
- Rules to be effective September 1, 2014

Potentially Preventable Readmissions

- What are PPRs?

PPRs are return hospitalizations that may result from deficiencies in care or treatment provided during a previous hospital stay. PPRs can also result from inadequate post-hospital discharge follow-up. They do not include unrelated events that occur post discharge. Readmissions may result from actions taken or omitted during the initial hospital stay, such as incomplete treatment or poor care of the underlying problem. In addition, a readmission may reflect poor coordination of services at the time of discharge and afterwards such as incomplete discharge planning, and/or inadequate access to care after discharge.

- Why does Texas care about PPRs?
 - Quality
 - Cost

Potentially Preventable Readmissions

- Methodology
 - Data Used
 - Algorithms
 - Reports and their utility
- What are we changing?
 - Compressing timeframes between reporting and reimbursement adjustments
 - New populations
 - Measured across Medicaid and CHIP
 - Methodological enhancements
 - Report format

Potentially Preventable Complications

- What are PPCs?

"Potentially preventable complication" means a harmful event or negative outcome with respect to a person, including an infection or surgical complication, that: (A) occurs after the person's admission to a hospital or long-term care facility; and (B) may have resulted from the care, lack of care, or treatment provided during the hospital or long-term care facility stay rather than from a natural progression of an underlying disease.

- Why does Texas care about PPCs?
 - Quality
 - Cost

Potentially Preventable Complications

- Methodology
- Data Used
- Algorithms
- Reports and their utility

What are we changing?

- Compressing timeframes between reporting and reimbursement adjustments
- New populations
- Measured across Medicaid and CHIP
- Methodological enhancements
- POA quality check
- Report format

PPCs and Present on Admission (POA)

- POA is pivotal in measuring PPC rates and ratios
- What are we doing in the rule?
- Under-coding, over-coding, missing POA
- 3M quality check

POA Quality Check

Quality Screen 1: High % Non POA for secondary diagnoses on the Pre-Existing List

This criterion identifies hospitals with a high percent non-POA (POA = N) for pre-existing secondary diagnosis codes.

Red Zone: % Non POA on Pre-Exist $\geq 7.5\%$

Grey Zone: $5\% \leq$ % Non POA on Pre-Exist $< 7.5\%$

Quality Screen 2: High % POA for secondary diagnoses

This criterion identifies hospitals with an extremely high percent present on admission (POA = Y) for secondary diagnosis codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).

Red Zone: % POA $\geq 96\%$

Grey Zone: $93\% \leq$ % POA $< 96\%$

Quality Screen 3: Low % POA for secondary diagnoses

This criterion identifies hospitals with an extremely low percent present on admission for secondary diagnoses codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).

Red Zone: % POA $\leq 70\%$

Grey Zone: $70\% <$ % POA $\leq 77\%$

Quality Screen 4: High % POA for secondary diagnoses on the Elective Surgical List

This criterion identifies hospitals with a high percent non-POA (POA = N) for elective surgery secondary diagnosis codes.

Red Zone: % POA $\geq 40\%$

Grey Zone: $30\% \leq$ % POA $< 40\%$

PPRs and PPCs-Timeline

Reporting period and Adjustment timeline:

Reporting Period	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Adjustment Period	May 2013-Oct 2013	Nov 2013-Aug 2014	No Adjustment for FY 2012 performance	Sept 2014-Aug 2015	Sept 2015-Aug 2016	Sept 2016-Aug 2017
POA Penalty	No	No	No	No	No	Yes

PPR and PPC Reports

- Reports and supplemental information are designed to help hospitals:
 - understand the process
 - efficiently assess their own performance relative to statewide averages
 - identify the categories of PPR/PPC so that they can target strategies to most effectively move their rates and impact their actual to expected ratios.
- Technical Notes: Accompany Reports and help provide a guide for information in reports
- Other 3M information

Critical Report Elements-PPR

	Total Admissions at Risk for PPR	Actual Number of PPR Chains	Actual PPR Rate	Expected Number of PPR Chains	Expected PPR Rate	Actual-to-Expected Ratio	Total Reimbursement Reduction
Hospital Results							

	Members with PPRs	Number of PPR Events	Actual PPR Expenditures
Hospital Results			

	State Norm	25 th Percentile	50 th Percentile	90 th Percentile
PPR Rate				

	25 th Percentile	50 th Percentile	90 th Percentile
Total Admissions at Risk for PPR			
Actual Number of PPR Chains			
Members with PPRs			
Number of PPR Events			

Critical Report Elements-PPR

PPR Reason	Number of PPR Events	Fraction of all PPR Events	PPR Expenditures	Fraction of PPR Expenditures
1 — Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition				
2A — Ambulatory care sensitive conditions as designated by AHRQ				
2B — All other readmissions for a chronic problem that may be related to care either during or after the initial admission				
3 — Medical readmission for acute medical condition or complication that may be related to or may have resulted from care during initial admission or in post-discharge period after initial admission				
4 — Readmission for surgical procedure to address a continuation or a recurrence of the problem causing the initial admission				
5 — Readmission for surgical procedure to address a complication that may be related to or may have resulted from care during the initial admission				
6A — Readmission for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason				
6B — Readmission for a substance abuse diagnosis reason following an initial admission for a non-mental health, non-substance abuse reason				
6C — Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis				

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Critical Report Elements-PPC

% Not POA for Pre-Existing Secondary Diagnosis	% POA for Secondary Diagnosis Codes	% POA for Secondary Diagnosis on Elective Surgical Cases	POA Quality Check

	Total Number of Admissions	Admissions at Risk for PPC	Number of PPC Admissions	Actual PPC Weights	Expected PPC Weights	Actual-to-Expected Ratio	Total Reimbursement Reduction
Hospital Results							

	Members with PPCs	Actual PPC Counts	Estimated PPC Expenditures
Hospital Results			

	25 th Percentile	50 th Percentile	90 th Percentile
PPC Weights			

Critical Report Elements-PPC

	25 th Percentile	50 th Percentile	90 th Percentile
Total Number of Admissions			
Admissions at Risk for PPC			
Number of PPC Admissions			
Members with PPCs			
Actual PPC Counts			

PPC Group	PPC Weights	Fraction of Total PPC Weights	PPC Counts	Fraction of Total PPCs
1 — Extreme Complications				
2 — Cardiovascular-Respiratory Complications				
3 — Gastrointestinal Complications				
4 — Perioperative Complications				
5 — Infectious Complications				
6 — Malfunctions, Reactions, etc.				
7 — Obstetrical Complications				
8 — Other Medical and Surgical Complications				

Critical Report Elements-PPC

[illegible]

How is this Different Than MCO Pay for Quality or Reporting Thru DSRIP?

MCO Pay for Quality (P4Q)

- Goals
- Methodology
 - Data Used
 - Algorithms

Delivery System Report Incentive Payment Program

- Goals
- Methodology
 - Data Used
 - Algorithms

Reports

- PPE Confidential Report will be available in June-July
- Hospital providers can view their individual PPE reports when they log into their accounts on the secure TMHP provider portal.
- The secure provider portal has a tab called Potentially Preventable Events (PPE) Provider Reports, which has separate tabs for potentially preventable readmissions (PPR) reports, PPC reports, and provider notifications.
- For questions on accessing reports, please contact:
MCD_PPR_PPC@hhsc.state.tx.us

Resources

- 3M Documents
- Technical Notes
- Quality Website:
http://www.hhsc.state.tx.us/hhsc_projects/ECI/index.shtml
- Resources to help reduce PPRs and PPCs:
 - Health Care Leader Action Guide to Reduce Readmissions:
<http://www.hret.org/care/projects/guide-to-reduce-readmissions.shtml>
 - Twelve Strategies to Reduce Error and Complication Rates
http://www.cna.com/vcm_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/SurgicalSafety-TwelveStrategies.pdf

Forward focus

- Ongoing Engagement with Hospital Associations
- Exploring socioeconomic factors-PPRs
- Other enhancements

Questions?



Questions about PPRs and PPCs?

Email:

MCD_PPR_PPC@hhsc.state.tx.us